


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000000969</b> 1. Entity Name TRINITY VENTURES III, LLC	
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Principal Place of Business 8800 GRAND OAK CIRCLE, SUITE 400 TAMPA, FL 33637	Mailing Address 8800 GRAND OAK CIRCLE, SUITE 400 TAMPA, FL 33637
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03142006 No Chg-LLC CR2E083 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0761175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DAVID J. POWERS, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, MARILYN 8800 GRAND OAK CIR., #400 TAMPA, FL 33637
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IN THIS SPACE**

PAID \$50.00  
MAR 30 2006  
H.10-06 2006-044 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/20/2006